

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111794

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** PREMIUM HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

8550 W FLAGLER ST  
103  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8550 W FLAGLER ST  
103  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 65-1156196      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENA, HEBERTO O  
8550 W FLAGLER ST  
103  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PENA, HEBERTO O  
Address: 8550 W FLAGLER ST SUITE 103  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEBERTO PENA

PRES

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date